

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26925

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>138</u>	
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chula</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Susans Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>0590</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Laura</u>		b. (Middle)		c. (Last) <u>Wortman</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 13 - 1870</u>	
9. AGE (In years last birthday) <u>85</u>		10. MONTHS <u>5</u>		11. DAYS <u>15</u>		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>			
11. BIRTHPLACE (State or foreign country) <u>Livingston County Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>J. H. Bell</u>				13b. MOTHER'S MAIDEN NAME <u>Mary (Agnie) Guthridge</u>			
14. NAME OF HUSBAND OR WIFE <u>Lafe Wortman</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			
16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Virginia Smith</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Chronic Endocarditis</u> <u>Rheumatoid Arthritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>2/2/41</u>  DUE TO (c) <u>2/2/41</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				19. DATE OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify)			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <u>July 11, 1955</u> , to <u>Aug 28, 1955</u> , that I last saw the deceased alive on <u>Aug 27, 1955</u> , and that death occurred at <u>10:19 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>McEwen</u> (Degree or title)				23b. ADDRESS <u>Chillicothe Mo</u>			
23c. DATE SIGNED <u>8/29/55</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>8/30/1955</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Plainsview Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Chula Mo</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Robertson</u>			
25. ADDRESS <u>Funeral Home</u>				26. DATE REC'D BY LOCAL REGISTRAR <u>Aug 127/55</u>			
26. REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>				27. ADDRESS <u>Chula Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.